

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31568

State File No. 4079

FILED SEP 27 1952

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 2002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 9 YRS.		c. CITY OR TOWN KANSAS CITY		3/18	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6235 E 16 th TERRACE				d. STREET ADDRESS (If rural, give location) 6235 E 16 th TERRACE			
3. NAME OF DECEASED (Type or Print) EDGAR		a. (First)		b. (Middle) @		c. (Last) DENTON	
4. DATE OF DEATH SEPT. 15, 1952		(Month) (Day) (Year)		5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH NOV. 21, 1877		9. AGE (In years last birthday) 74		if UNDER 1 YEAR Months Days Hours Mins. - - - -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STATIONARY ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY SALT PLANT		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JAMES DENTON		13b. MOTHER'S MAIDEN NAME SARAH MARTIN		14. NAME OF HUSBAND OR WIFE MARY DENTON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 510-10-7208		17. INFORMANT'S SIGNATURE OR NAME MARY DENTON ADDRESS 6235 E. 16 th TERR. K.C. MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Nremia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic enlargement & Retention				INTERVAL BETWEEN ONSET AND DEATH 3 yrs. ? ? 4 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from April 7, 1952, to Sept 15, 1952, that I last saw the deceased alive on Sept 14, 1952, and that death occurred at 8:10 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Frank E. Day (Degree or title)		23b. ADDRESS R.O. 2, 4314 E 9th, K.C., Mo.		23c. DATE SIGNED 9-16-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE SEPT. 16-1952		24c. NAME OF CEMETERY OR CREMATORY HUTCHINSON CEM.		24d. LOCATION (City, town, or county) (State) HUTCHINSON, KANSAS.	
DATE REC'D BY LOCAL REG. 9-16-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE H. Blackman, Jr. ADDRESS 2nd, K.C. 140.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W.C. Rinne

Licensed Embalmer No. 4879

P. O. Address Harris City, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.